

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AN		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90011172         </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW					
(c) City, State and ZIP Code WASHINGTON DC 20036					
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>Individual filers only</b></td> <td style="width: 65%;">Name of Employer</td> <td style="width: 30%;">Occupation</td> </tr> </table>			<b>Individual filers only</b>	Name of Employer	Occupation
<b>Individual filers only</b>	Name of Employer	Occupation			
4. TYPE OF REPORT (check appropriate boxes):  (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> 24-Hour Notice <input checked="" type="checkbox"/> 48-Hour Notice <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October Quarterly Report <input type="checkbox"/> January 31 Year-End Report  (b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
5. COVERING PERIOD: FROM <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0</div> THROUGH <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0</div>					
6. TOTAL CONTRIBUTIONS ..... <div style="float: right; border: 1px solid black; padding: 2px; text-align: right;">.00</div>					
7. TOTAL INDEPENDENT EXPENDITURES..... <div style="float: right; border: 1px solid black; padding: 2px; text-align: right;">750000.00</div>					

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

Stephen Graham

08/11/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AN

Full Name (Last, First, Middle Initial) of Payee  
Adelstein/Liston

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

Mailing Address  
222 West Ontario Street  
Suite 600

Amount

750000.00

City	State	Zip Code
Chicago	IL	60610

Purpose of Expenditure  
TV ads Totally Unacceptable, DeadbeatCategory/  
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 16

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
James B RenacciCalendar Year-To-Date Per Election  
for Office Sought

750000.00

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

750000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

750000.00